

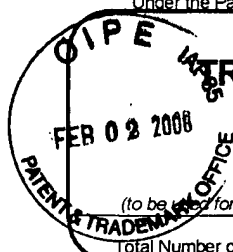
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/748,083

Filing Date 12/30/2003

First Named Inventor Nady E. Nady

Art Unit 3764

Examiner Name Amerson, Lori Baker

Attorney Docket Number RWJ 03-51

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	University of Medicine and Dentistry of New Jersey, Office of Patents and Licensing		
Signature	<i>Barbara V. Maurer</i>		
Printed name	Barbara V. Maurer		
Date	January 30, 2006	Reg. No.	31,278

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Typed or printed name	Felicia L. Tillman	Date	January 30, 2006

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PTO/SB/81 (04-05)

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INDICATION FORM**

Application Number	10/748,083
Filing Date	12/30/2003
First Named Inventor	Nady E. Nady
Title	Pelvic Muscle Exercise Device
Art Unit	3764
Examiner Name	Amerson, Lori Baker
Attorney Docket Number	RWJ 03-51

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	1/19/06
Name	Nady E. Nady	Telephone	732-235-6631
Title and Company	University of Medicine and Dentistry of New Jersey		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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